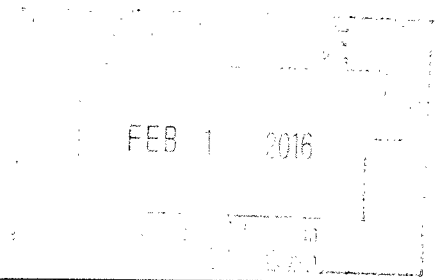


Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1877 | Bendey LLC

*WMATC No. *Name of Carrier (as shown on certificate of authority)

3435 Gateshead Manor Way, #204 | Silver Spring | MD | 20904-6136

*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

(240) 413-2293 | bendeylimo@gmail.com

*Telephone | Other Telephone | Fax | E-mail

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No. | DCTC No. | Virginia DMV passenger carrier No. | Maryland PSC No. 3249

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Ben O Adegbembo | President

*Name | *Title

(240) 413-2293 | bendeylimo@gmail.com

*Telephone | Other Telephone | Fax | E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process | Telephone | E-mail

Agent Address (must be inside Metropolitan District) | Apt./Suite | City | State | Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

NO

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.


Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
1	2013	CADILLAC	2G61P5S39D9220157	57312B	MD	5	NO
2	2014	CHRYSLER	2C3CCAET2EH211656	56711B	MD	5	NO
3	2013	CHEVROLET	1GNSKJE7XDR319901	56270B	MD	7	NO
4	2011	LINCOLN	2LNBL8CV1BX763859	53564B	MD	5	NO
5	2010	CHEVROLET	1GNUKJE3DAR202605	55964B	MD	7	NO
6	2011	LINCOLN	2LNBL8CV7BX758794	57477B	MD	5	NO
7	2010	LINCOLN	2LNBL8CV1AX751130	52002B	MD	5	NO
8	2007	LINCOLN	1LNHM84W77X636734	56654B	MD	5	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

BEN D ADEGBEMBO
*Name (type or print)

President / CEO
*Title (not required for sole proprietors)


*Signature

February 1, 2016
*Date